

BRIEF TITLE	APPROVED DEADLINE	REASON
_____	_____	_____
_____	_____	_____
_____	_____	_____

DETAILS	POSITIONS/RECOMMENDATIONS	
	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/ Proponents	Applicant City Department Other
	Discussion (Including Relationship to other Council Actions)	Opponents
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS		POLICY/PROGRAM IMPACT	
	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES 	
	OPERATIONAL IMPACT ASSESSMENT	 	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/Resolution \$	
		RELATED annual operating Costs \$	
		INCREASE REVENUE EXPECTED/YEAR \$	
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %	
		NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %	
		BENEFIT COST	
		<input type="checkbox"/> Front Foot Average Assessment	
<input type="checkbox"/> Square Foot \$ _____ \$ _____			

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER